PTO/SE/123 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

Appointment.

| CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/745,033 | RECEIL |
|---|--|--|---|
| | Filing Date | 12/20/00 CE | NTRAL FAX CE |
| Application | First Named Inventor | Jiang | |
| | Group Art Unit | 2874 | SEP- |
| Address to: Commissioner for Patents | Examiner Name | | • •, |
| P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket Number | 78343CON1 29-8 | US CON |
| Please change the Correspondence Address for the above X Customer Number: 27975 OR Firm or Individual Name | identified patent to: | | |
| Individual Inding | ********* | | |
| Address | · | | |
| Address | | ·. <u>}</u> - | |
| City | State | ZIP | , |
| Country | | | |
| Telephone | Faox | | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee | | | |
| Address Indication Form* (PTO/SE/47). | | | |
| l am the: | | | |
| Partentee. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/SB/96). | | | |
| X Attorney or agent of record. Registration Number 25,649 | | | |
| Typed or Printed Name Charles E. Wands, | Esq. | | |
| Simples | | | |
| Signature |] | 321-725-4760 |) |
| Date NOTE: Signatures of all the inventors or assignees of reco | rd of the entire interest or the | Telephone of representative(s) are required. So | pmit multiple forms |
| if more than one signature is required, see below. | | | |
| This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by | | | |
| the USPTO to process) an application. Confidentially is gover complete, including gathering, preparing, and submitting the case. Any comments on the amount of time you require to information Office, U.S. Patent and Trademark Office, U.S. FEES CR COMPLETED FORMS TO THIS ADDRESS. 22313-1450. | ned by 35 U.S.C. 122 and 37 CFI e completed application form to the complete this form and/or suggesti 8. Department of Commerca, P.O. SEND TO: Commissioner for | R 1.14. This collection is estimated to take e USPTO, Time will vary depending upon ons for reducing this burden, should be ser Box 1450, Alexandria, VA 22313-1450, Do or Patents, P.O. Box 1450, Alexa | 3 minutes to the individual in to the Chief D NOT SEND andria, VA |

If you need assistance in completing the form, call 1–800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

| Defects in the images menade but are not immed to the items encored. | | |
|--|--|--|
| ☐ BLACK BORDERS | | |
| ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES | | |
| ☐ FADED TEXT OR DRAWING | | |
| ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING | | |
| ☐ SKEWED/SLANTED IMAGES | | |
| ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS | | |
| ☐ GRAY SCALE DOCUMENTS | | |
| ☐ LINES OR MARKS ON ORIGINAL DOCUMENT | | |
| ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY | | |
| | | |

IMAGES ARE BEST AVAILABLE COPY.

OTHER:

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.